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PTO/SB/81 (01-06)

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INDICATION FORM**

|                        |  |
|------------------------|--|
| Application Number     | 10/566,831   |
| Filing Date            | Feb. 1, 2006   |
| First Named Inventor   | James T. Leach et al   |
| Title                  | Controlled Spectrum Ultraviolet<br>Radiation Pollution Control |
| Art Unit               | Process  |
| Examiner Name          |  |
| Attorney Docket Number | 12,757   |

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

2675

OR

☐ Practitioner(s) named below:

| Name | Registration Number |
|------|---------------------|
|      |                     |
|      |                     |
|      |                     |
|      |                     |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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☒ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

2675

OR

☐ Firm or Individual Name William W. Haeffliger

Address 201 S. Lake Ave., Suite 512

City Pasadena State CA Zip 91101

Country USA

Telephone 323 684-2707 Email whaefflig@pacbell.net

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

|                   |                   |           |              |
|-------------------|-------------------|-----------|--------------|
| Signature         |                   | Date      | May 20, 2008 |
| Name              | Michael Lee Fraim | Telephone |              |
| Title and Company |                   |           |              |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/82 (01-06)

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**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

|                        |                      |
|------------------------|----------------------|
| Application Number     | 10/566,831           |
| Filing Date            | Feb. 1, 2006         |
| First Named Inventor   | James T. Leach et al |
| Art Unit               |                      |
| Examiner Name          |                      |
| Attorney Docket Number | 12,757               |

**I hereby revoke all previous powers of attorney given in the above-identified application.**☒ A Power of Attorney is submitted herewith.**OR**☒ I hereby appoint the practitioners associated with the Customer Number: ☒ Please change the correspondence address for the above-identified application to:☒ The address associated with  
Customer Number:**OR**

|   |                             |       |    |     |       |
|---|-----------------------------|-------|----|-----|-------|
| <input type="checkbox"/> Firm or<br>Individual Name | William W. Haefliger        |       |    |     |       |
| Address   | 201 S. Lake Ave., Suite 512 |       |    |     |       |
| City  | Pasadena                    | State | CA | Zip | 91101 |
| Country   | USA                         |       |    |     |       |
| Telephone   |                             | Email |    |     |       |

**I am the:**☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.72(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

|           |                   |  |           |  |  |
|-----------|-------------------|--|-----------|--|--|
| Signature |                   |  |           |  |  |
| Name      | Michael Lee Frain |  |           |  |  |
| Date      | May 20, 2008      |  | Telephone |  |  |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.

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